# The 4 Steps to the Appeal Process: Behavioral Health

For employee or dependent in the CIGNA Plans (SelectCare POS, HealthGuard PPO, TotalChoice)



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#### First Step

Call CIGNA Behavioral Health using the phone number on your CIGNA ID card, and speak to a representative if you have a complaint or question about the following:

- Denial of mental health or substance abuse treatment claims
- ► Denial of mental health or substance abuse services
- Quality of care with CBH participating providers

Whenever you take a step in The appeal process outlined here, CIGNA Behavioral Health will send you a letter containing instructions for the next step. Be sure to retain this letter for your reference.

#### Response Timeframe:

Varies according to level of appeal. See the following steps.

#### **Peer-to-Peer Review**

If you or your provider are not satisfied with the results of the Clinical Review process—the process that determines treatment based on a combination of your provider's recommendation and CIGNA's care guidelines—either of you may contact the Care Manager (an employee of CIGNA holding a degree in psychology, human services or a related field who acts as a consultant for you provider). He or she will organize a peerto-peer review, in which your case will be discussed between your provider and another clinician who has the same licensure.

If this does not resolve your concern, CIGNA Behavioral Health will (when appropriate), contact you or your provider, offering an **expedited 1**<sup>st</sup> **level appeal** by phone. If an expedited appeal is not appropriate, a **standard 1**<sup>st</sup> **level appeal** will be offered.

You or your provider can request a standard 1<sup>st</sup> level appeal within no more than 365 days of your verbal request.

#### Response Timeframe:

- -Inpatient **peer-to-peer reviews** will be scheduled within 24 hours.
- -Outpatient **peer-to-peer reviews** will be scheduled within 5 business days.

#### 1st Level Appeal

In this process, another clinician holding the same licensure as your provider will independently review your case. If his or her determination for treatment is not satisfactory to you, CIGNA Behavioral Health will communicate by phone and in writing with you or your provider (whoever has requested the appeal), providing instructions for initiating a 2<sup>nd</sup> level appeal. You are responsible for the release of your medical records for this process to take place.

At the end of each level of appeal, a written notification of the final outcome and resolution, including the clinical explanation for treatment, will be sent to you, your provider, or facility.

### 2<sup>nd</sup> Level Appeal

CIGNA Behavioral Health's Formal Appeals Committee reviews all **2nd level appeals** at your written request only. The Committee reviews for medical necessity and coverage under your benefit plan. This committee is comprised of Vermont licensed clinicians, benefit plan designees, claims examiners and your appeals advocate—a CIGNA employee who assures that you have access to all your legal rights of appeal.

At this level of appeal, you and your provider have the right to participate by phone in the review process.

If you are not satisfied with the decision reached by the Formal Appeals Committee, you may be eligible for a final appeal as outlined in the response letter you will receive.

#### Response Timeframe:

Standard appeals will be completed within 15 calendar days if you are still in treatment, and 30 days if you have ended treatment. **Expedited appeals** will be completed within 24 hours of the receipt of the request.

## **Response Timeframe:**

Hearings occur within 30 days of the 2nd level appeal request.

**Standard appeals** will be completed within 15 calendar days if you are in treatment or waiting for admission to treatment, and 30 days if you have finished treatment.

**Expedited appeals** will be completed within 24 hours of the receipt of the appeal.